

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Beaufort

STATE OF SOUTH CAROLINA.

File No. 495 For State Registrar Only

Township of Hampton

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of

Registration District No. 3704

Registered No. 5
(For use of Local Registrar)

or
City of

(No.)

St. Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 12 23 (7) Date of Birth Feb 12 23
to be completed only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Andrew C. Ferguson

(9) FULL NAME Paula Chelusa

(10) PRESENT RESIDENCE Hampton SC # 2

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(12) COLOR White (13) AGE AT LAST BIRTHDAY 30 (Years)

(14) COLOR White (15) AGE AT LAST BIRTHDAY 29 (Years)

(16) BIRTHPLACE Greenville Co

(17) BIRTHPLACE Beaufort Co

(18) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 M., on the date above stated. (Hour, minute or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. C. O. O. O. O.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed SM/23 (28) W. J. W. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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